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Indiana Eligibility Modernization

Region 3 V-CAN Training

Agency Registration Instructions

January 2009



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What is Agency Registration?

- Agency Registration is a new feature for human services agencies to access case status for clients.
- Agencies working **with** clients to follow up on case status, rather than **on behalf** of clients, should become a Registered Agency.
- Agencies registered with the IBM-led Coalition may access case status (for clients who have signed a release) in the following ways:
 - ✓ Online (through the Registered Agency Portal)
 - ✓ On the phone (Call Center Representative or Automated System)
 - ✓ Case inquiry emails (with Specialists)

What is Agency Registration? (cont.)

Registered Agency staff may:

- View case status for all clients working with the agency (*who have signed release*)
- Check status online or over the phone (using the Automated System)
- Submit case-specific inquiries using an email inquiry form
- Speak with a Call Center Representative regarding case status

Registered Agency staff may not:

- Report changes, conduct interviews on behalf of a client or receive copies of notices mailed to clients

NOTE: Having an Authorized Representative Form on file for a client does not provide automatic access to cases. Your agency will have to become a Registered Agency and request access to cases.

Agency Registration and Case Status Process

- Step 1 – Become a Registered Agency
 - The registration process allows the IBM-led Coalition to give your agency access to case status without being an Authorized Representative for each client.
- Step 2 – Request Access to Cases
 - Once registered, your agency may request access to cases.
 - Each client needs to give your agency permission to view his/her case.
- Step 3 – View Case Status
 - Online (through the Registered Agency Portal)
 - On the phone (Call Center Representative or Automated System)
 - Case inquiry emails (with Specialists)

Step 1- Become a Registered Agency

■ Registered Agency Portal

- Go to the Registered Agency Portal homepage
- Select the “Request Access to Registered Agency Portal” link



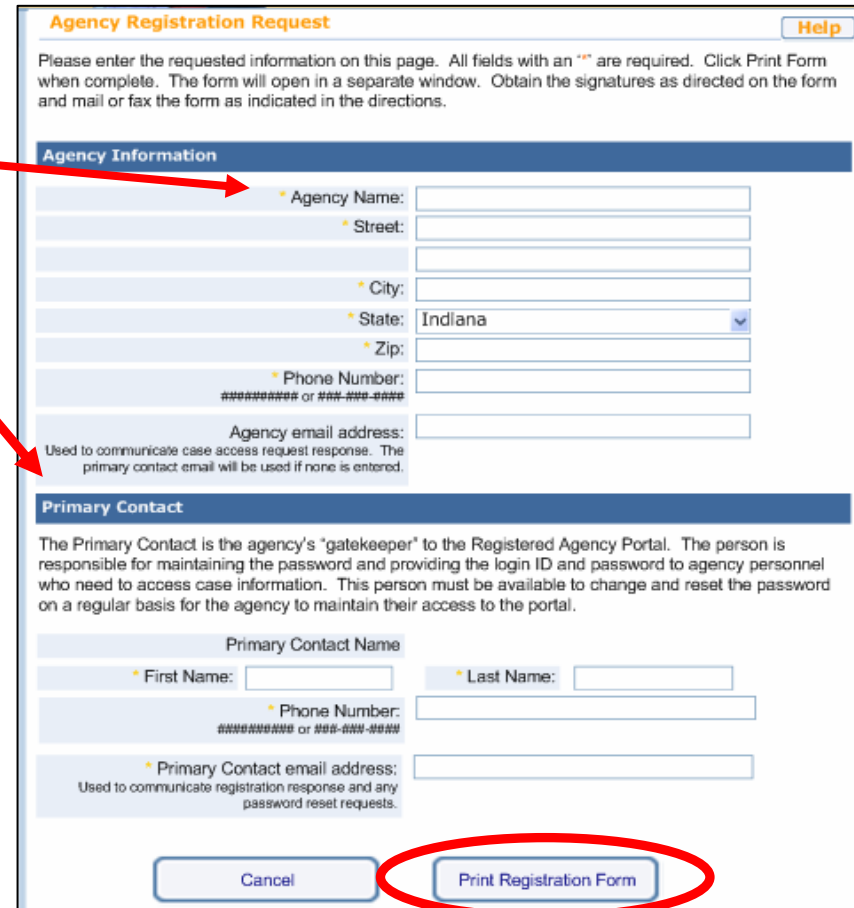
Step 1 – Become a Registered Agency (cont.)

■ Agency Registration Request Page

- Enter your agency name, mailing address, phone number and provide contact information for a Primary Contact person.
- Select the “Print Registration Form” button.

- Enter Agency name, mailing address and phone number
- Complete the Primary Contact section.
- Select the “Print Registration Form” button

Note: A new window should open with the Registration Form. If your computer blocks pop-ups, hold down the “Ctrl” key while pressing the “Print Registration Form” button.



Agency Registration Request [Help](#)

Please enter the requested information on this page. All fields with an "*" are required. Click Print Form when complete. The form will open in a separate window. Obtain the signatures as directed on the form and mail or fax the form as indicated in the directions.

Agency Information

* Agency Name:

* Street:

* City:

* State:

* Zip:

* Phone Number:

Agency email address:
Used to communicate case access request response. The primary contact email will be used if none is entered.

Primary Contact

The Primary Contact is the agency's "gatekeeper" to the Registered Agency Portal. The person is responsible for maintaining the password and providing the login ID and password to agency personnel who need to access case information. This person must be available to change and reset the password on a regular basis for the agency to maintain their access to the portal.

Primary Contact Name

* First Name: * Last Name:

* Phone Number:

* Primary Contact email address:
Used to communicate registration response and any password reset requests.

Step 1 – Become a Registered Agency (cont.)

■ Agency Case Status Internet Portal Agreement

- After printing the form, make sure to **sign and mail or FAX** the agreement to the FSSA Service Center.

Indiana Family and Social Services Administration
Eligibility Modernization
Agency Case Status Internet Portal Agreement

Agency Name (the Participating Agency): ABC Nursing Home
located at 123 Main Street, Indianapolis, Indiana 12345, wishes to
use the Agency Case Status Internet Portal when working with clients of the State of Indiana Family and Social
Services Administration (FSSA) public assistance programs. For purposes of this agreement, FSSA public
assistance programs include Food Stamps, Cash Assistance (TANF), and Health Coverage (Medicaid)
administered by the FSSA Division of Family Resources (DFR).

FSSA will provide limited access to confidential client case status information. This access will be granted
solely to assist the Participating Agency in their role of assisting the client with their State of Indiana public
assistance benefits. By obtaining Agency Case Status Internet Portal rights, the agency will have access to the
following case-specific information:

- View case status of the agency's clients;
- View a list of requests for supporting documentation;
- View all scheduled interview appointments;
- View the names of all Authorized Representatives to a case; and
- View and print a Proof of Eligibility Form.

Agency Case Status Internet Portal Responsibilities for Participating Agencies

Civil Rights Compliance
The Participating Agency shall ensure that all civil rights requirements are met. All applicants and recipients are granted
civil rights in accordance with Federal laws and US Department of Agriculture, Food and Nutrition Services (USDA) policy
that services will be provided without discrimination on the basis of race, color, national origin, age, sex, disability, political
beliefs or religion.

MAIL TO: P.O. Box 1810
Marion, Indiana 46952
OR
FAX TO: 1-800-403-0864

Note: The Agreement has a blank Start and End date. The start date may be a date chosen by the agency and the end date may be left blank.

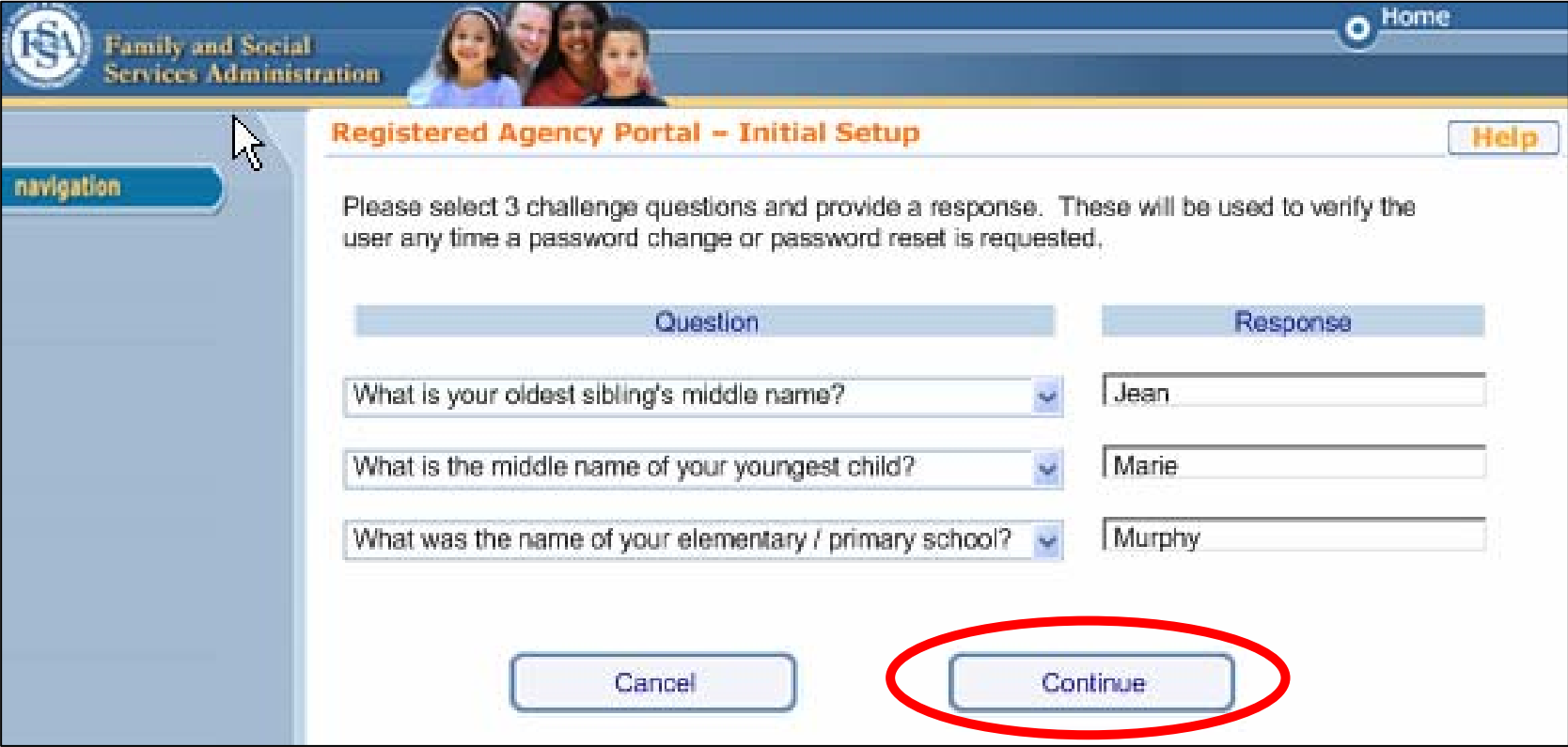
Step 1 – Become a Registered Agency (cont.)

- The Agency Case Status Internet Portal Agreement will be processed within five business days.
- When approved, the Primary Contact person will receive *two* registration emails:
 - Agency Login ID (first email)
 - Agency Password (second email)
- The Primary Contact person is responsible for logging into the site and answering three security questions, which will be used to change or reset the agency password.

Step 1 – Become a Registered Agency (cont.)

- **Setup Security Questions**

- Login to the site using the agency Login ID and Password.
- Select three security questions by choosing from the drop-down boxes.



Family and Social Services Administration

Home

Registered Agency Portal – Initial Setup

Help

Please select 3 challenge questions and provide a response. These will be used to verify the user any time a password change or password reset is requested.

Question	Response
What is your oldest sibling's middle name?	Jean
What is the middle name of your youngest child?	Marie
What was the name of your elementary / primary school?	Murphy

Cancel Continue

Step 1 – Become a Registered Agency (cont.)

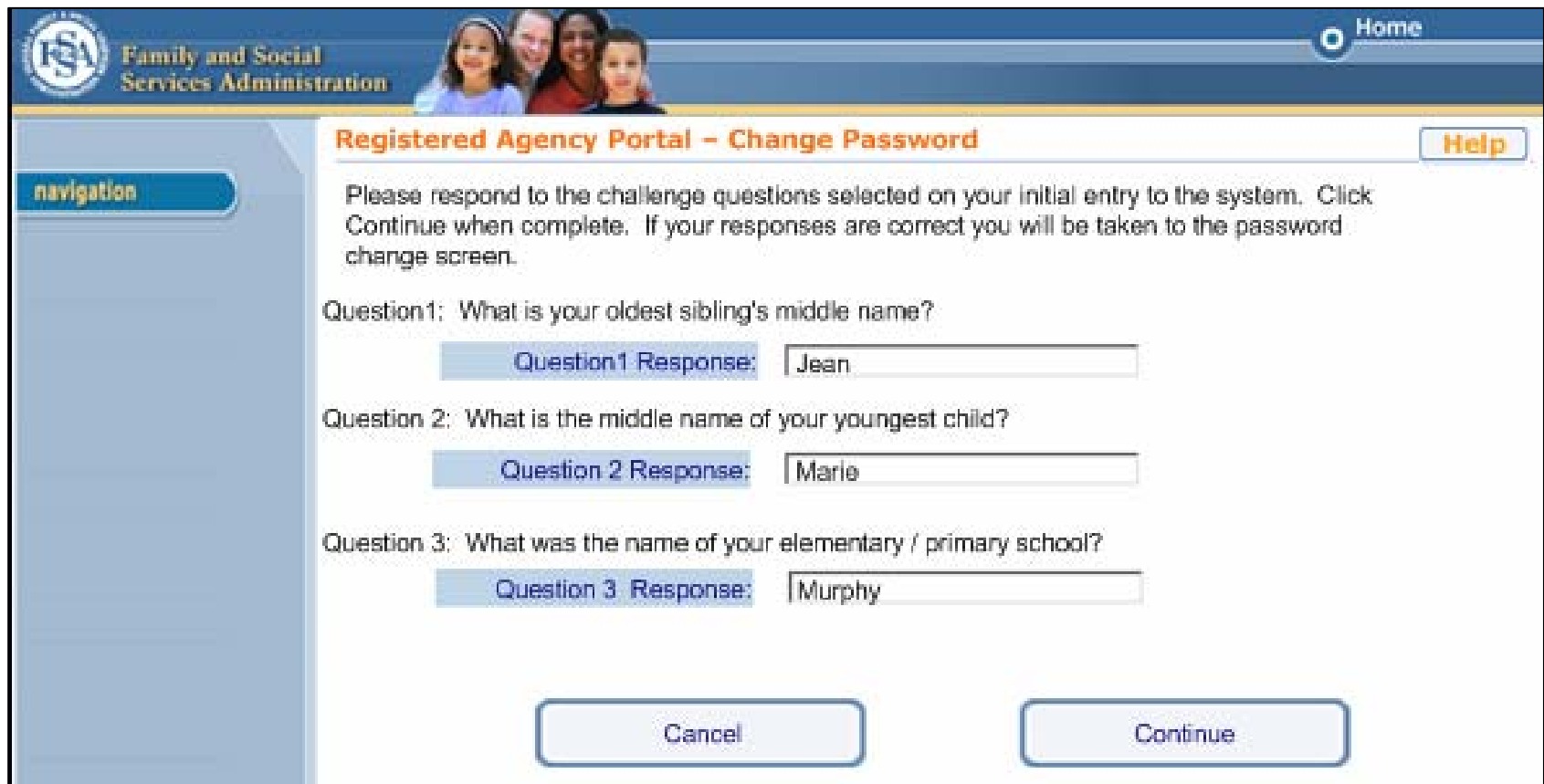
- **Change Password**
 - Once the Primary Contact activates the service and selects three security questions, s/he may change the agency’s password by selecting the “Change Password” link.



Step 1 – Become a Registered Agency (cont.)

■ Change Password, cont.

- The Primary Contact must respond to the security questions selected when the service was activated.



Registered Agency Portal – Change Password [Help](#)

Please respond to the challenge questions selected on your initial entry to the system. Click Continue when complete. If your responses are correct you will be taken to the password change screen.

Question1: What is your oldest sibling's middle name?

Question1 Response:

Question 2: What is the middle name of your youngest child?

Question 2 Response:

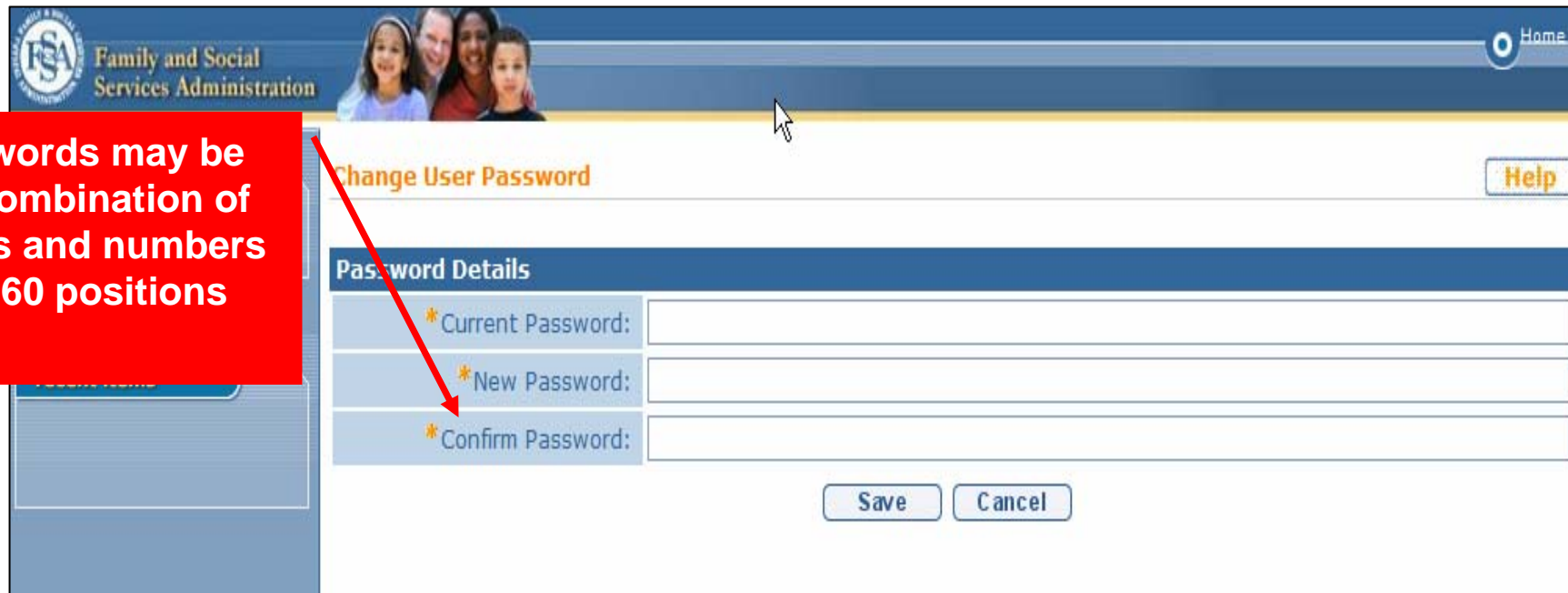
Question 3: What was the name of your elementary / primary school?

Question 3 Response:

Step 1 – Become a Registered Agency (cont.)

■ Change Password, cont.

- When the Primary Contact responds to the security questions, s/he will be prompted to change the agency's password.



Family and Social Services Administration

Home

Change User Password

Help

Password Details

* Current Password:

* New Password:

* Confirm Password:

Save Cancel

Passwords may be any combination of letters and numbers up to 60 positions long.

NOTE: Passwords expire after 90 days.

Step 2 - Request Access to Cases

- **Request Access to Cases**


- Login to your agency's homepage on the Registered Agency Portal






Step 2 - Request Access to Cases (cont.)

- Request Access to Cases, cont.
 - Select the “Request Access to New Case” link.

Family and Social
Services Administration



Home

navigation

recent items

Registered Agency Portal Home - Test Agency - 9000007936

Help

[Search for Cases](#)

[View Upcoming Appointments](#)

[Request Access to New Case](#)

[Change Password](#)

Agency Information

Agency Name:	Test Agency	Agency email:	jsmith@testagency.org
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000

Primary Contact

Primary Contact Name:	John Smith
Phone Number:	(000) 000-0000
Primary Contact email address:	jsmith@testagency.org

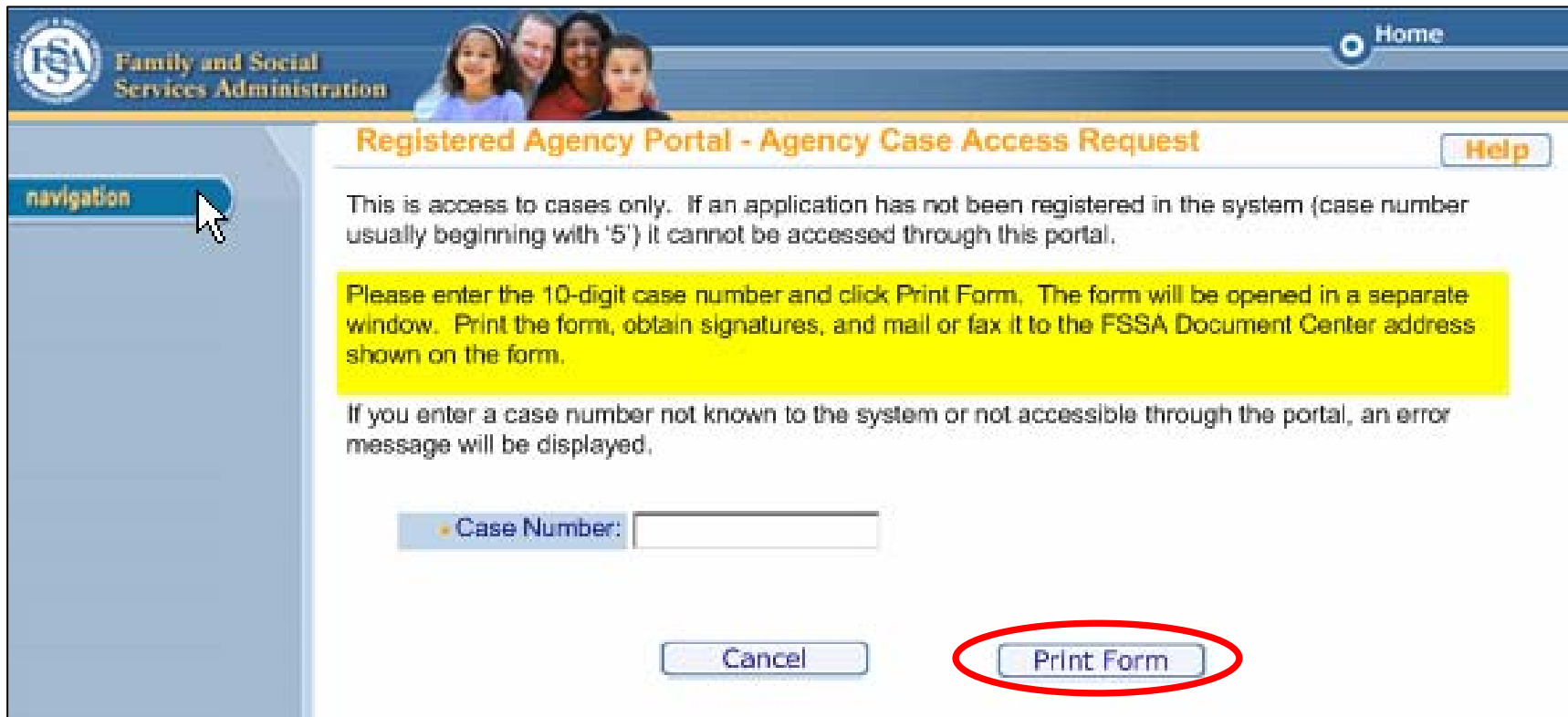
For changes to agency and contact information, please send a note to agencyaccesshelp@ifcem.com

Step 2 - Request Access to Cases (cont.)

- Request Access to Cases, cont.

There are **two** ways to request access to cases:

- 1) Enter the client's 10-digit case number (beginning with a "1") to print a pre-filled client release form; OR



The screenshot shows a web application interface for the Family and Social Services Administration (FSA). The header includes the FSA logo, the text "Family and Social Services Administration", a "Home" link, and a photo of a family. The main content area is titled "Registered Agency Portal - Agency Case Access Request" and includes a "Help" link. A navigation sidebar on the left is labeled "navigation". The main text explains that this is access to cases only and that applications not registered in the system (case number usually beginning with '5') cannot be accessed. A yellow highlighted box contains instructions: "Please enter the 10-digit case number and click Print Form. The form will be opened in a separate window. Print the form, obtain signatures, and mail or fax it to the FSSA Document Center address shown on the form." Below this, a message states: "If you enter a case number not known to the system or not accessible through the portal, an error message will be displayed." At the bottom, there is a "Case Number:" label next to a text input field, and two buttons: "Cancel" and "Print Form". The "Print Form" button is circled in red.

Family and Social Services Administration

Home

Registered Agency Portal - Agency Case Access Request

Help

This is access to cases only. If an application has not been registered in the system (case number usually beginning with '5') it cannot be accessed through this portal.

Please enter the 10-digit case number and click Print Form. The form will be opened in a separate window. Print the form, obtain signatures, and mail or fax it to the FSSA Document Center address shown on the form.


If you enter a case number not known to the system or not accessible through the portal, an error message will be displayed.

Case Number:


Cancel Print Form

Step 2 - Request Access to Cases (cont.)


- Request Access to Case, cont.
 - The pre-filled **Agency Case Access Request Form** opens using Adobe Acrobat Reader
 - A new window should open with the “Request Form”. If it doesn’t and your computer blocks pop-ups, hold down the Ctrl key while pressing the Print button.
 - The form will be auto-filled with the client case number, agency name and agency address.



**Authorization For Release of
Case Status Information**
State Form **** (8-08)*****



DFRHBAE010002QFH5





SECTION A: Applicant Information			
Applicant/Recipient Name (print): ADAM JOHNSON		Date of Birth: 1965-06-12	
456 WESTERN ST			
Applicant/Recipient Address			
MUNCIE	IN	47305	
City	State	Zip Code	Phone Number
Public Assistance Case Number: 3000008296			



Step 2 - Request Access to Cases (cont.)


- **Request Access to Cases, cont.**
 - Make sure to complete **Section E** with the signature of the client and agency representative.
 - When signed, FAX or mail the form to the FSSA Service Center (you will not have access to the case via the portal until the form is received by the FSSA Service Center and approved).


SECTION E: Signature	
I have had full opportunity to read and consider the contents of this authorization and I confirm that the contents are consistent with my direction to the Agency/Organization listed in this form. I understand that by signing this form I am confirming my authorization that this Agency/Organization may receive, use and/or disclose the protected case status information as described in Sections B and D above.	
 _____ Applicant Signature or Legal Representative	_____ Date
 _____ Witness Signature (If Applicant signs with an 'X')	 _____ Date
 _____ Agency Representative Signature	 _____ Date

Step 2 - Request Access to Cases (cont.)

Request Access to Cases, cont.

- 2) Use the **generic Registered Agency Client Release Form** to request access to cases.
 - A case number is **not required** to use this form
 - The **Registered Agency Client Release Form** is available at www.in.gov/fssa, click “*Eligibility Modernization*” and “*Communications*”


 DFRHSBAE01



**Authorization For Release of
Case Status Information**
State Form 53831 (1-09) / DFR 2135

SECTION A: Applicant Information

Applicant/Recipient Name (print): _____ Date of Birth: _____
 Last four digits of applicant's Social Security Number: _____
 Applicant/Recipient Address _____
 City _____ State _____ Zip Code _____ Phone Number _____
 Public Assistance Case Number: _____

SECTION B: Entities Authorized to Receive, Use or Disclose

I authorize the release of information to the following Agency/Organization for the purpose of receiving, make use of, and/or disclose the protected information related to the status my Food Stamp, Cash Assistance and/or Health Coverage case on the secured access FSSA Public Assistance Eligibility Internet site (www.ifcem.com). The information contained in the status of your case includes all persons on the case, benefit amounts and dates, scheduled interview appointments, view requests for supporting documents and print a Proof of Eligibility form and will be used for the purpose of attaining the current status of your eligibility case.
 Agency/Organization (Receipt of protected case status information is limited to one health care provider per authorization form) _____
 Agency/Organization Address _____
 City _____ State _____ Zip Code _____ Agency Phone Number _____

SECTION C: Right to Revoke

The agency will have access to your case status information until you request the access be terminated. I understand I may revoke this authorization at any time by giving either written or verbal notice of my revocation by contacting the FSSA Call Center the address and/or telephone number listed below. Additionally, I may also revoke this authorization at any time by giving written permission to agency/organization referenced on this form. I understand that revocation of this authorization will not affect any action taken by the agency/organization reference in this form in reliance on this authorization before my written notice of revocation was received.
 When you have filled out this form, mail or fax it to:
 Mailing Address: FSSA Document Center Fax Number: 1-800-403-0864

Step 2 - Request Access to Cases (cont.)

■ Agency Case Access Notification

- The IBM-led Coalition receives and processes the Agency Case Access Request Form within **five** business days.
- If approved, an encrypted email notification will be sent to the agency, confirming access to the case.

Indiana Family and Social Services Administration
Constituent Care Group

John Doe
ABC Nursing Home
123 Main Street
Indianapolis, Indiana 12345

We have approved the following case access request through the FSSA Registered Agency Portal.
Agency Case Access Request Number: 3829492

This case will now display on your Registered Agency Portal Home. This access will remain in effect until the case member, Authorized Representative, FSSA, or your agency requests the access be terminated.

Thank you for using the FSSA Registered Agency Portal. If you have questions or concerns, you may contact the Constituent Care Group at agencyaccesshelp@ifcem.com.

Step 3 - View Case Status

- **Online**
(Registered Agency Portal)



**Registered Agency
Portal**

- **On the Phone**
(Call Center Representative or Automated System)



FSSA Call Center

- **Case inquiry emails**
(with Specialists)



Email Inquiry

Step 3 - View Case Status (cont.)

■ Registered Agency Portal


- Once case access has been granted, any agency representative may login to the Registered Agency Portal






Step 3 - View Case Status (cont.)

- Registered Agency Portal, cont.
 - Select “Search for Cases” to search for a case and view status.

Family and Social
Services Administration



Home

navigation

recent items

Registered Agency Portal Home - Test Agency - 9000007936

Search for Cases

[View Upcoming Appointments](#)

[Request Access to New Case](#)

[Change Password](#)

Help

Agency Information

Agency Name:	Test Agency	Agency email:	aaronz@us.ibm.com
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000

Primary Contact

Primary Contact Name:	John Smith
Phone Number:	(000) 000-0000
Primary Contact email address:	aaronz@us.ibm.com

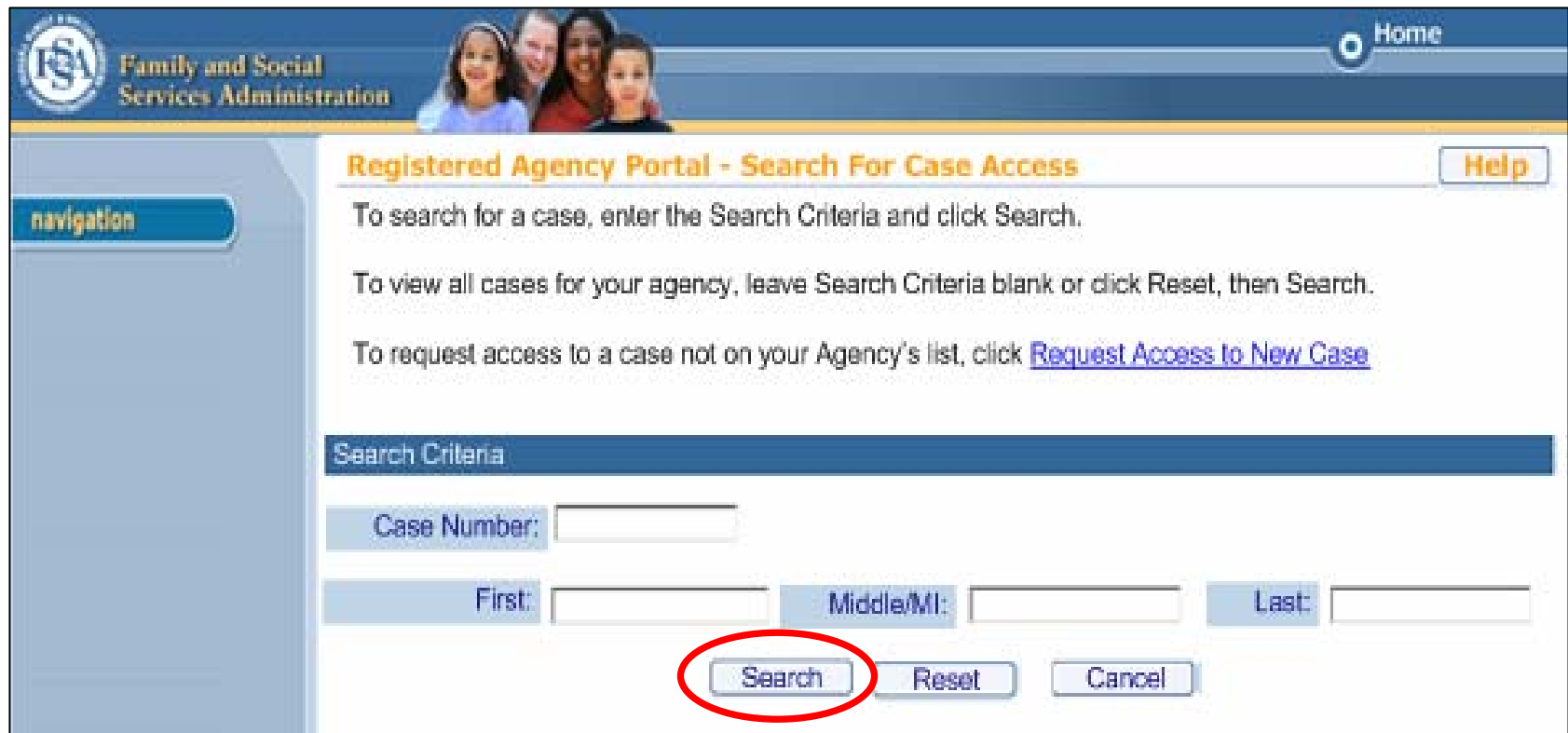
For changes to agency and contact information, please send a note to agencyaccesshelp@ifcem.com

Step 3 - View Case Status (cont.)

■ Registered Agency Portal, cont.

- Enter the client's 10-digit case number or name, then select the "Search" button

NOTE: For a list of all cases approved for your agency to view, leave the Search Criteria section blank or select the "Reset" button, then the "Search" button.



Registered Agency Portal - Search For Case Access [Help](#)

To search for a case, enter the Search Criteria and click Search.

To view all cases for your agency, leave Search Criteria blank or click Reset, then Search.

To request access to a case not on your Agency's list, click [Request Access to New Case](#)

Search Criteria

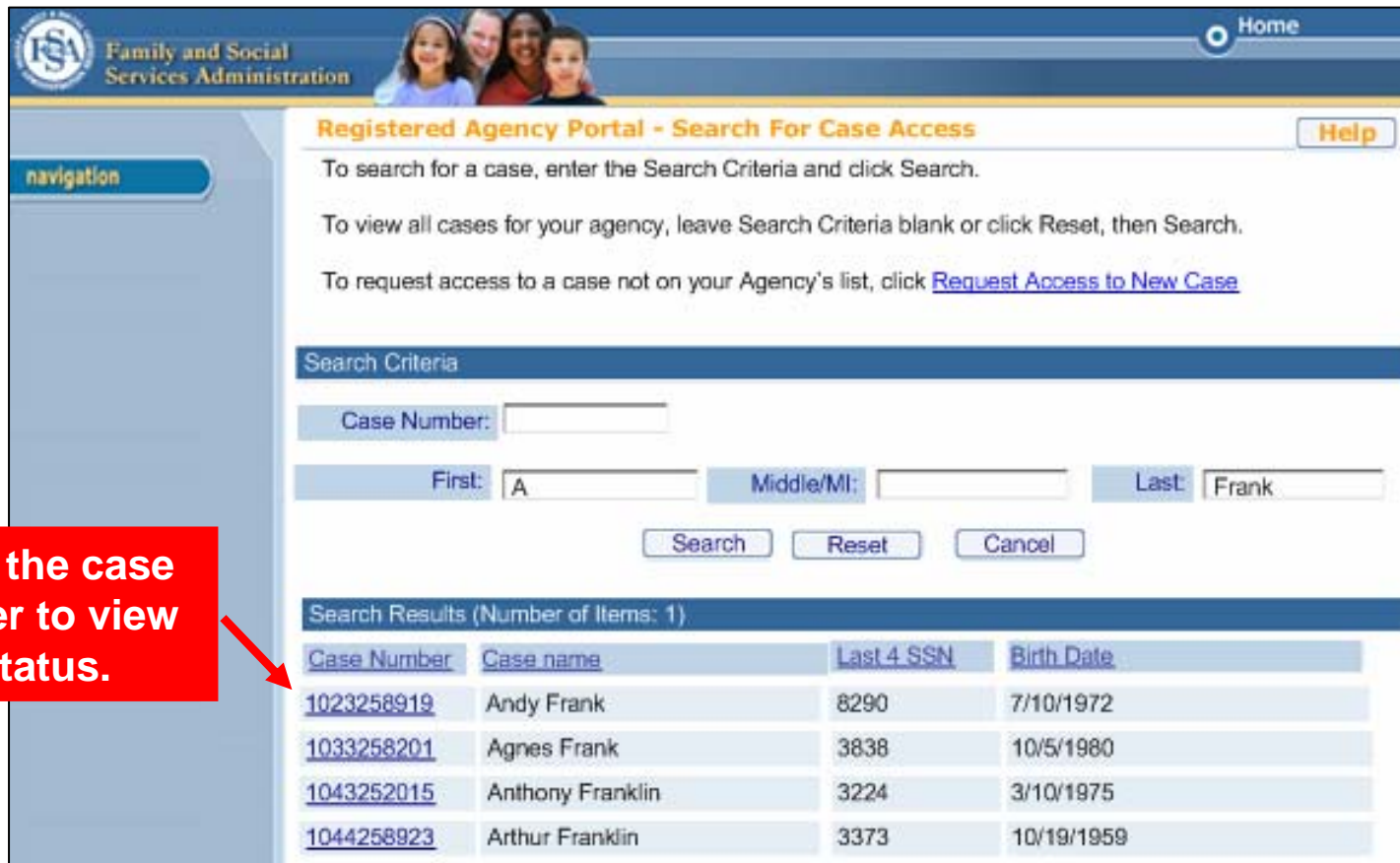
Case Number:

First: Middle/MI: Last:

Step 3 - View Case Status (cont.)

Registered Agency Portal, cont.

- The results show the case number, case name, birth date and last four digits of the Social Security Number for each client.



Registered Agency Portal - Search For Case Access [Help](#)

To search for a case, enter the Search Criteria and click Search.

To view all cases for your agency, leave Search Criteria blank or click Reset, then Search.

To request access to a case not on your Agency's list, click [Request Access to New Case](#)

Search Criteria

Case Number:

First: Middle/MI: Last:

Search Results (Number of Items: 1)

Case Number	Case name	Last 4 SSN	Birth Date
1023258919	Andy Frank	8290	7/10/1972
1033258201	Agnes Frank	3838	10/5/1980
1043252015	Anthony Franklin	3224	3/10/1975
1044258923	Arthur Franklin	3373	10/19/1959

Select the case number to view case status.

Step 3 - View Case Status (cont.)

Registered Agencies may view case status, but will *not* have access to the Report a Change link.

Case Status:

Options

If you are already receiving benefits and have a change to report, click [Report a Change](#).

If you need documentation of your benefit status and details, click [Print Proof of Eligibility](#).

If you need documentation of your benefit status and details and want the Proof of Eligibility form mailed to you, click [Mail Proof of Eligibility](#).

If you need a coversheet to submit with pending verifications or other documents to the FSSA Document Center, click [Print Barcoded Coversheet](#).

If you would like to access the Authorized Representative form to report a new authorized representative for an assistance group, [click here](#).

If you wish to view a list of documents we have received for this case in the last 6 months, click [View Documents](#).

If you would like to view additional details about your benefits, click View under the Assistance Groups section.

If you have recently reported a change to the information listed below, please allow 30 days for this change to be processed.

Home

Help

To report, click [Report a Change](#).

To print, click [Print Proof of Eligibility](#).

To mail, click [Mail Proof of Eligibility](#).

If you need a coversheet to submit with pending verifications or other documents to the FSSA Document Center, click [Print Barcoded Coversheet](#).

If you would like to access the Authorized Representative form to report a new authorized representative for an assistance group, [click here](#).

If you wish to view a list of documents we have received for this case in the last 6 months, click [View Documents](#).

If you would like to view additional details about your benefits, click View under the Assistance Groups section.

If you have recently reported a change to the information listed below, please allow 30 days for this change to be processed.

Case Information

Full Name:	James Smith	Social Security Number:	XXX-XX-9859
Date of Birth:	01/01/1950		
Home Address:	123 Main Street Indianapolis, Indiana 12345 Marion	Mailing Address:	123 Main Street Indianapolis, Indiana 12345 Marion

Scheduled Appointment

Appointment Type:	Appointment Date:
Scheduled Time:	Office Location (In-Office Only):

Pending Applications

Programs Applied For	Date Application Received
Food Stamps	01/31/2008
Health Coverage	1/31/2008

Solicited Documents Requests

Correspondence Name	Verification	Client	Mail Date	Due Date
Pending Verifications for Applicants/Recipients	Age	James Smith	2/7/2008	2/10/2008
Pending Verifications for Applicants/Recipients	US Citizenship	Joanie Smith	2/7/2008	2/10/2008

Assistance Groups

Details	Type	Payee	Effective Date	End Date	Status
View	TANF		01/31/2008		Open

Step 3 - View Case Status (cont.)

New! Upcoming Appointments View


Family and Social Services Administration

 Home

Registered Agency Portal Home - Test Agency - 9000007936
[Help](#)

[Search for Cases](#)
[View Upcoming Appointments](#)
[Request Access to New Case](#)
[Change Password](#)

Agency Information

Agency Name:	Test Agency	Agency email:	jsmith@testagency.org
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000

Primary Contact

Registered Agency Portal - Upcoming Appointments
[Help](#)

Below is a list of the upcoming Appointments for your agency's cases scheduled within the next two weeks.

To view the case status page for a case, click the **Case Number** link

To return to your agency portal home, click the **Cancel** button

[Click Here to view appointments in past two weeks](#)

[Cancel](#)

Upcoming Appointment (Number of Items: 1)

Case Number	Case Name	Appointment Date	Scheduled Time	Office Location(In-Office Only)
3000127435	KELSEY JACKSON	2/18/2009	08:00:00	

Step 3 - View Case Status (cont.)

■ On the Phone

- Speak with a Call Center Representative
 - Ask questions or check case status
 - Call Center Representative will verify that you are calling from a Registered Agency
- Use the 24-hour Automated Phone System
 - Check case status, benefit amount, redetermination month, list of solicited documents and upcoming appointments
 - Use the last four digits of Social Security Number and case number or date of birth to check status



FSSA Call Center

Step 3 - View Case Status (cont.)

■ Case Inquiry Emails

- Complete a Case Inquiry Form to submit a case-specific question to a Specialist at the FSSA Service Center.
- A Specialist will respond to the inquiry within **two** business days.
- Inquiries received after 3pm are considered received on the next business day.
- Once a response is provided, you may request a follow-up phone call with the Specialist.
- Your agency must have a signed release form on file for the client or a member of the agency must serve as the client's Authorized Representative to submit a case inquiry.
- Email the V-CAN at vcan@us.ibm.com to get a copy of the Case Inquiry Form.

Step 3 - View Case Status (cont.)

■ Case Inquiry Emails, cont.

Complete Section A with Agency name and contact information.

Agency Case Inquiry

Instructions for an agency supporting FSSA/DFR clients: Complete Sections A and B for each client/case for which information is being requested. Send e-mail with form attached to case_help@fsem.com. Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.

SECTION A – Agency Information (Completed by requesting Agency)

Agency Name: Date of Request:

Agency Phone Number (with area code):

Check the access your agency has for the client listed in Section B:

☐ Name of the Author (This person must be authorized)

☐ Agency is registered client/case listed in Section B

☐ Area Agency on Aging status and verifications requested

Requestor Name:

☐ By checking this box, I further acknowledge and assist the client in securing Health Insurance Portability and Accountability Act (HIPAA) information. If the above box is not checked, the information released is limited to case status and verifications requested.

SECTION B – Client Case (Completed by requesting Agency)

FSSA Case Number:

Client First Name:

Date of Birth:

Inquiry is Related to:

(Check all that apply. If the program is checked, the program is checked.)

☐ Concern/Issue regarding:

SECTION C – Response

Date of Response:

Research Result:

Case Action Required:

If Yes (is checked above)

Program(s) Affected:

Case Action Completed:

Member(s) Affected:

Section D – Follow-up

Date of Follow-up Request:

Phone Appointment Requested:

Agency Case Inquiry

Instructions for an agency supporting FSSA/DFR clients: Complete Sections A and B for each client/case for which information is being requested. Send e-mail with form attached to case_help@fsem.com. Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.

SECTION A – Agency Information (Completed by requesting Agency)

Agency Name: Date of Request:

Agency Phone Number (with area code):

Check the access your agency has for the client listed in Section B:

☐ Name of the Authorized Representative at the Agency – First: Last:

(This person must be authorized to receive case information regarding the person and the program named in Section B.)

☐ Agency is registered with FSSA/DFR and has been granted access to the 'Registered Agency Portal' for the client/case listed in Section B of this form. Note: Information provided to agencies with Registered Agency Portal access for the named client is limited to information related to DFR Case/benefit Status.

☐ Area Agency on Aging: (For AAA only, if no Authorized Representative is listed above, the information released is limited to case status and verifications requested)

Requestor Name: Requestor E-mail Address:

☐ By checking this box, I affirm I am an employee of the Agency named above. I also agree that any confidential client case information being requested is for the purpose of assisting the applicant/recipient, or his/her respective authorized representative to complete an application or redetermination for DFR benefits/services or to manage the client's ongoing DFR benefits/services. I further acknowledge such information will only be disclosed to the applicant/recipient or Agency staff we have designated to assist the client in securing or maintaining DFR benefits/services. Additionally, where applicable, I agree to comply with the Health Insurance Portability and Accountability Act (42 U. S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

If the above box is not checked, we will be unable to fulfill your request for information.

Step 3 - View Case Status (cont.)

Case Inquiry Emails, cont.

- Complete **Section B** with case information and the question.
- Section C** will be completed by the Specialist.
- Complete **Section D** for a follow up request.

Agency Case Inquiry	
<p><i>Instructions for an agency supporting FSSA/DFR clients: Complete Sections A and B to establish case for which information is being requested. Send e-mail with form attached to case_help@dfm.com. Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.</i></p>	
<p>SECTION A – Agency Information (Completed by requesting Agency)</p> <p>Agency Name: _____ Date of Request: _____</p> <p>Agency Phone Number (with area code): _____</p> <p>Check the access your agency has for the client listed in Section B:</p> <p><input type="checkbox"/> Name of the Authorized Representative at the Agency – First: _____ Last: _____ <small>(This person must be authorized to receive case information regarding the person and the program named in Section B.)</small></p> <p><input type="checkbox"/> Agency is registered with FSSA/DFR and has been granted access to the 'Registered Agency Portal' for the client case listed in Section B of this form. <small>Agency Information provided to agencies with Registered Agency Portal access for the named client is limited to information related to DFR Case/Benefit Status.</small></p>	
<p>SECTION B – Client/Case Information (Completed by requesting Agency. All items with an asterisk (*) must be completed in order for this request to be processed.)</p> <p>FSSA Case Number: _____</p> <p>Client First Name: _____ *Last Name: _____</p> <p>*Date of Birth: _____ *Last four numbers of SSN: _____</p> <p>*Inquiry is Related to: <input type="checkbox"/> Food Stamps (FS) <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> Healthy Indiana Plan (HIP) <small>(Check all that apply. The Authorized Representative listed in Section A must be authorized to receive information regarding the program(s) checked here.)</small></p> <p>*Concern/issue regarding this client/case: _____</p>	
<p>SECTION C – Response (Completed by FSSA Service Center)</p> <p>Date of Response: _____ Responder ID: _____</p> <p>Research Results: _____</p> <p>Case Action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Case Number: _____</p> <p>If Yes is checked above for Case Action Required, complete following information</p> <p>Program(s) Affected: <input type="checkbox"/> FS <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> HIP</p> <p>Case Action Completed: <input type="checkbox"/> Effective Date of Action: _____</p> <p>Member(s) Affected: _____</p>	
<p>Section D – Follow-up Request (Completed by requesting Agency within 3 days of Section C response)</p> <p>Date of Follow-up Request: _____ <input type="checkbox"/> Phone Appointment Needed</p> <p>Concern/issue regarding Section C response for client / case listed in Section B: _____</p>	

Agency Registration Support

- Questions about Agency Registration?
 - Email the IBM-led Coalition at agencyaccesshelp@ifcem.com if you have questions about the Agency Registration process, viewing case status or resetting your agency password.

- Your Feedback is Important to Us!
 - Email the V-CAN Team if you have feedback on the new system.
 - We are always looking at ways to improve the new system and value your input!



Questions?

Contact Information

agencyaccesshelp@ifcem.com

Find the V-CAN online!

**Go to www.in.gov/fssa, click on
“Eligibility Modernization/
Communications”**